

FECU Visa® Balance Transfer Agreement

FECU VISA Account Holder Information

FECU Visa Account # _____

Member Name (please print) _____

Creditor/Card to Transfer Balance From

1. Creditor _____ Amount \$: _____

Payment Mailing Address _____

Account # _____

2. Creditor _____ Amount \$: _____

Payment Mailing Address _____

Account # _____

I hereby authorize **Federated Employees Credit Union (FECU)** to initiate a **balance transfer** to pay off the above Credit Card(s) and put the balance(s) on my FECU VISA account # indicated above if I have the available credit on my FECU VISA account on the designated date of this transfer. I agree to pay any applicable fees for this service as disclosed in the Fee Schedule and Account Agreement. I understand that there is no grace period on the balance transfer and interest will begin to accrue on the date of the transfer. The Annual Percentage Rate will be the standard APR in effect for Cash Advances at the time of the transfer. This rate is subject to change in accordance with the terms of my credit card account agreement. Payments made to my FECU VISA account will be applied to my purchase balance first, then to the cash advance balance.

Federated Employees Credit Union will make every effort to complete this transfer unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Member Signature _____ Date _____

For Federated Employees Credit Union use only:

Entered by: _____